

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/20/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155224		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/10/2012	
NAME OF PROVIDER OR SUPPLIER  COLUMBIA HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 621 W COLUMBIA ST EVANSVILLE, IN 47710			
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F0000	<p>This visit was for the Investigation of Complaint IN00105508 and Complaint IN00106769.</p> <p>Complaint IN00105508 - Unsubstantiated, due to lack of evidence.</p> <p>Complaint IN00106769 - Substantiated, Federal/State deficiencies related to the allegations are cited at F323.</p> <p>Survey dates: April 9 and 10, 2012</p> <p>Facility number: 000129 Provider number: 155224 AIM number: 100266780</p> <p>Survey team: Anne Marie Crays RN TC Dorothy Watts RN</p> <p>Census bed type: SNF/NF: 145 Total: 145</p> <p>Census payor type: Medicare: 40 Medicaid: 88 Other: 17 Total: 145</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Certification Desk Review in lieu of a Post Survey Revisit on or after April 19, 2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/11/12 by Suzanne Williams, RN</p>						

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F0323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to ensure the supervision of a cognitively impaired resident at risk for falls and failed to ensure the environment was free of accident hazards, in that a rolling bench was left in the common area of the Alzheimer's unit resulting in Resident D falling, for 1 of 4 residents reviewed for falls, in a sample of 6. Resident D</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident D was reviewed on 4/10/12 at 10:05 A.M. The resident was admitted to the facility on 2/20/12 with diagnoses including but not limited to Alzheimer's type dementia, head injury, dizziness, hallucinations, altered mental status, subdural hematoma, and agitation.</p> <p>A Progress Note, dated 2/20/12 at 3:10 P.M., indicated, "Admitted to room [number] from home...Assist of one with adls [activities of daily living]...AMB [ambulates] independently with walker.</p>		F0323	<p><b>F323 Free of Accident Hazards/Supervision/Devices</b></p> <p>It is the policy of the facility that the resident environment remains free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</b></p> <p>·Resident D no longer resides in the facility.</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <p>·All residents that reside within the facility have the potential to be affected by the alleged deficient practice. ·Fall risk assessments for residents have been reviewed</p>		04/19/2012	

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	<p>Gait unsteady."</p> <p>An Event Report indicated: "...Event date: 2/20/2012 at 6:55 P.M....Completed Date: 2/21/2012 at 9:23 A.M....Description, fall... Was fall witnessed, No, Describe what the resident was doing prior to the fall...beginning to sit on bench with wheels, Describe the position of the resident when first observed after fall...sitting on buttocks...Describe location of the fall...TV room, Is the resident in pain...Yes - low back pain, Did the resident hit his/her head, Unwitnessed...Resident or witness statement of how fall occurred, beginning to sit on bench that had wheels and fell off...Document any environmental factors observed in area of fall...Res [resident] attempted to sit on a rolling bench that is utilized by activities, What intervention (s) was put into place to prevent another fall, bed and chair alarm, Rolling bench removed from unit..."</p> <p>An Admission Supplemental Assessment indicated: "...Observation Date: 2/20/2012, 3:30 PM, Completed Date: 2/21/2012...Fall Risk Assessment...Does the resident have a history of falls, Yes...Resident has impaired vision, Yes...Resident has diagnosis of and/or demonstrates evidence of impaired gait/balance, Yes, Does resident use an</p>		<p>and updated if indicated.</p> <ul style="list-style-type: none"> <li>·Fall care plans have been reviewed and updated if indicated.</li> <li>·Break schedules have been assigned based on needs of each unit in order to maintain adequate supervision for residents.</li> <li>·An environmental review of common areas has been completed and any potential hazards removed.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>·Staff have been educated on fall prevention, break times and environmental hazards by DNS/SDC by 04/19/2012</li> <li>·DNS/Designee/UM will conduct rounds daily on all shifts to validate that all fall interventions are in place and functioning properly.</li> <li>·Dept head/charge nurse will conduct rounds on the secured unit each shift to monitor any environmental hazards. Any identified hazards will be addressed and corrected.</li> </ul> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur,</b></p>				

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	<p>assistive devices [sic], Yes-standard walker...Resident is confused and/or disoriented, Yes. If any answer above is yes, the resident is at risk for experiencing a fall. Proceed to care plan with appropriate interventions based upon the risk factors."</p> <p>A "Temporary Admission Care Plan" indicated: "...Observation Date: 2/20/2012, Completed Date: 2/21/2012, 10:57 A.M...Problem, Fall risk related to risk factors identified on fall risk assessment...Interventions, Observe for fall risk contributors such as medications, hypotension, pain, unsteady gait. Encourage and remind resident to use call light. Refer to therapies for screening. Provide assistance for transfers, bed mobility...Other - pressure pad alarm to bed and all sitting surfaces, check placement and function every shift...."</p> <p>A Progress Note, dated 2/21/12 at 10:06 A.M., indicated, "...Resident had an unwitnessed fall 2/20/12 at 6:55 pm in TV room...attempted to sit on activity rolling bench and slipped off. Resident immediately assessed and placed in secure chair...Current interventions; bed against wall, call light within reach, Assist with transfers as needed, therapy to screen as needed. New intervention; remove rolling bench from environment,</p>		<p><b>i.e., what quality assurance program will be put into place?</b></p> <ul style="list-style-type: none"> <li>·Staff have been educated on fall prevention, break times and environmental hazards by DNS/SDC by 04/19/2012</li> <li>·The Rehab Service Manager/designee will complete environmental hazard CQI tool 5X weekly X 4 weeks, weekly X 4, and quarterly thereafter. For a minimum of 6 months</li> <li>·The Director of Nursing Services/designee will complete a Fall CQI audit tool 5 times weekly X 4 weeks, weekly X 4, and quarterly thereafter. For a minimum of 6 months.</li> <li>·All audit tools will be brought before the CQI committee monthly</li> <li>·Any non-compliant issues may be addressed with re-education and/or disciplinary action up to and including termination.</li> </ul> <p><b>Compliance date:</b> April 19, 2012</p>				

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	<p>Pressure pad alarm to bed and chair...."</p> <p>A Physical Therapy note, dated 2/22/12, indicated, "...Current Level of Function...The patient requires front wheeled walker and moderate assistance (50% assist) for safe ambulation for 20 feet...."</p> <p>Progress Notes included the following notations:</p> <p>2/22/12 at 9:30 A.M.: "Sitting on couch in TV area. Gait very weak and unsteady this am. Walked to bathroom from her bed with walker and extensive assist of one...."</p> <p>2/23/12 at 9:54 P.M.: "...Unable to make needs known... Weight bearing and amb a short distance before tiring...."</p> <p>2/25/12 at 9:56 P.M.: "...To room for bed in w/c [wheelchair] d/t [due to] inability to bear weight."</p> <p>2/26/12 at 11:01 P.M.: "...In dining room and TV room till bath and bed...AMB with assist of 2. Posture bent over...."</p> <p>2/27/12 at 11:18 P.M.: "...Assist of 2 with adls and amb. Poor weight bearing...."</p> <p>A Physical Therapy note, dated 2/27/12,</p>						

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	<p>indicated, "...Current, The patient requires front wheeled walker and mod/min assist for safe ambulation for 100 feet...Precautions: Low endurance - needs frequent rests. Safety precautions include fall risk, dementia...Continues to required skilled tx [treatment] for improving standing balance and ability to ambulate."</p> <p>A Minimum Data Set [MDS] assessment, dated 2/27/12, indicated the resident scored a 2 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated the resident required extensive assistance of two + staff for transfer, and was "independent" with ambulation in room and corridor. A test for balance while moving from seated to standing position and surface to surface transfer indicated "Not steady, only able to stabilize with human assistance." The MDS assessment indicated the resident had fallen in the one month prior to admission, and had had 1 fall since admission to the facility.</p> <p>A Care Plan, dated 2/28/12, indicated a problem of "Fall risk related to hx [history] of falls, utilizes walker for ambulation, poor safety awareness, unsteady balance with transfers, and diagnosis of diabetes." The approaches included: "Bed against wall. Non skid soles. 2/28/12 Pressure alarm to bed and</p>						

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	<p>chair...Provide assistance as needed...."</p> <p>Progress Notes continued:</p> <p>3/1/12 at 6:10 P.M.: "Resident amb to office. Fell on office floor. No apparent injury. Feel [sic] on right side of body...."</p> <p>An Event Report indicated: "...Event date: 3/1/2012 at 6:10 P.M....Completed Date: 3/2/2012 at 4:33 P.M....Description, fall...Was fall witnessed, No, Describe what the resident was doing prior to the fall...walking into office, Describe the position of the resident when first observed after fall...lying on right side...Describe location of the fall...office, Is the resident in pain...Yes - back pain, Did the resident hit his/her head, Unwitnessed...Resident or witness statement of how fall occurred, unwitnessed... What intervention (s) was put into place to prevent another fall, change pull tab alarm to pressuse [sic] pad alarm...."</p> <p>3/2/12 at 10:43 A.M.: "IDT [interdisciplinary team] fall review; Resident had an unwitnessed fall 3/1/12 at 6:10 P.M. in TV room near office...Found lying on right side...."</p> <p>Documentation of an alarm sounding or in place was lacking in the clinical record.</p>						



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	<p>On 4/10/12 at 11:25 A.M., during interview with the Director of Nursing [DON], she indicated the Alzheimer's Unit accepts residents who are ambulatory, and the facility was under the impression the resident was able to be up by herself when she was admitted. She indicated the resident's first fall was unwitnessed, but was caused by the rolling bench. The DON indicated a pressure pad alarm was not in use at that time. The DON indicated the rolling bench was immediately moved to a more secure location. The DON indicated the resident's second fall occurred after supper, and the nurse was down the hall passing her medications. The DON indicated there were 2 CNAs scheduled, and they were probably in a resident room. The DON indicated she thought the nurse responded to the alarm sounding. The DON indicated the office was right next to the TV area, and she didn't think it would take the resident long to get up and ambulate to the office. The DON indicated the resident's inability to ambulate well at times was "behavioral." The DON indicated the resident had shown a physical and cognitive decline during her stay in the facility.</p> <p>On 4/10/12 at 1:00 P.M., the Director of Nursing provided the current facility</p>						

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	<p>policy on the "Fall Management Program," revised 3/10. The policy included: "It is the policy of [name of corporation] to ensure residents residing within the facility will maintain maximum physical functioning through the establishment of physical, environmental, and psychosocial guidelines to prevent injury related to falls...Nursing staff will assess the resident and environmental conditions every shift for the 1st 3 days and/or as directed by the DNS [Director of Nursing Services]/designee...A care plan will be developed at time of admission specific to each resident based upon the results of the fall assessment...The care plan will be reviewed and updated, as necessary."</p> <p>This federal tag relates to Complaint IN00106769.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p>						